

# UNDERGROUND WASTEWATER DISPOSAL SYSTEM LOAN APPLICATION

ADDRESS OF PROPERTY		DATE PURCHASED		PURCHASE PRICE \$		
OWNER OF PROPERTY		PROPERTY TYPE:		PRESENT VALUE OF PROPERTY \$		
YEAR HOUSE BUILT	NUMBER OF ROOMS	NO. OF BEDROOMS	NO. OF BATHROOMS	GARAGE <input type="checkbox"/>	CARPORT <input type="checkbox"/>	NEITHER <input type="checkbox"/>

# BORROWER

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>MARRIED</b> <input type="checkbox"/>	<b>UNMARRIED</b> <input type="checkbox"/>	<b>SEPARATED</b> <input type="checkbox"/>
<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>PRESENT ADDRESS (if different from above)</b>	<b>FORMER ADDRESS (if less than 2 years at present address)</b>		
	<b>NO. OF YEARS</b>	<b>NO. OF YEARS</b>		
	<b>STREET</b>	<b>STREET</b>		
	<b>CITY / STATE / ZIP</b>	<b>CITY / STATE / ZIP</b>		
	<b>COUNTY</b>	<b>COUNTY</b>		
<b>POSITION TITLE</b>	<b>TYPE OF BUSINESS</b>	<b>DEPENDENTS NO.</b>	<b>AGES</b>	
<b>YEARS EMPLOYED IN THIS LINE OF WORK OR PROFESSION _____</b>	<b>BUSINESS PHONE _____</b>	<b>SOCIAL SECURITY NUMBER _____</b>		
<b>YEARS ON THIS JOB _____</b>	<b>HOME PHONE _____</b>	<b>NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:</b>  _____  _____		
<b>SELF EMPLOYED _____</b>				
<b>GROSS MONTHLY INCOME _____</b>	<b>LIST OTHER INCOME:</b>			
<b>EMPLOYMENT INCOME     \$ _____</b>		<b>HOME PHONE:</b>		
<b>OTHER INCOME                \$ _____</b>		<b>RELATIONSHIP:</b>		
<b>TOTAL INCOME                  \$ _____</b>				

**IF EMPLOYED IN CURRENT POSITION FOR LESS THAN TWO YEARS, COMPLETE THE FOLLOWING:**

PREVIOUS EMPLOYER / CITY, STATE	TYPE OF BUSINESS / POSITION / TITLE	DATES FROM / TO TO	MONTHLY INCOME \$
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## CO-BORROWER

NAME	DATE OF BIRTH	MARRIED <input type="checkbox"/>	UNMARRIED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>
NAME AND ADDRESS OF EMPLOYER	PRESENT ADDRESS (if different from above)  NO. OF YEARS  STREET  CITY / STATE / ZIP  COUNTY	FORMER ADDRESS (if less than 2 years at present address)  NO. OF YEARS  STREET  CITY / STATE / ZIP  COUNTY		
POSITION / TITLE	TYPE OF BUSINESS	DEPENDENTS NO.                      AGES		

**CONTINUED ON NEXT PAGE...**

<b>CO-BORROWER (CONTINUED)</b>			
YEARS EMPLOYED IN THIS LINE OF WORK OR PROFESSION _____	BUSINESS PHONE _____	SOCIAL SECURITY NUMBER _____	
YEARS ON THIS JOB _____	HOME PHONE _____	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:          HOME PHONE: _____  RELATIONSHIP: _____	
SELF EMPLOYED _____			
GROSS MONTHLY INCOME _____	LIST OTHER INCOME: _____		
EMPLOYMENT INCOME     \$ _____			
OTHER INCOME             \$ _____			
TOTAL INCOME             \$ _____			
<b>IF EMPLOYED IN CURRENT POSITION FOR LESS THAN TWO YEARS, COMPLETE THE FOLLOWING:</b>			
PREVIOUS EMPLOYER / CITY, STATE _____	TYPE OF BUSINESS / POSITION / TITLE _____	DATES FROM / TO /	MONTHLY INCOME \$ _____

<b>DEBTS: LIST ALL FIXED OBLIGATIONS AND INSTALLMENT ACCOUNTS. IF MORE SPACE IS NEEDED, LIST ON ANOTHER SHEET.</b>								
	B- BORROWER C- CO-BORROWER	CREDITOR'S NAME AND ADDRESS	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
	REAL ESTATE:				\$ _____	\$ _____	\$ _____	\$ _____
	AUTO LOANS:							
	CREDIT CARDS:							
	OTHER:							
LIST ANY ADDITIONAL NAMES UNDER WHICH CREDIT HAS PREVIOUSLY BEEN RECEIVED:			MONTHLY PAYMENT FOR TAXES AND INSURANCE     ➡					
			TOTAL MONTHLY OBLIGATIONS                                     ➡➡➡					

<b>THESE QUESTIONS APPLY TO THE BORROWER AND CO-BORROWER, PLEASE EXPLAIN ANY "YES" ANSWERS ON AN ATTACHED SHEET.</b>					
	BOR. YES / NO	CO-BOR. YES / NO		BOR. YES / NO	CO-BOR. YES / NO
ARE THERE ANY OUTSTANDING JUDGEMENTS AGAINST YOU?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	ARE YOU OBLIGATED TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
HAVE YOU BEEN DECLARED BANKRUPT WITHIN THE PAST SEVEN (7) YEARS?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	IF SO, HOW MUCH PER MONTH?		
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF IN THE PAST SEVEN (7) YEARS?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DO YOU OWN THE PROPERTY? <b>PLEASE SUPPLY COPY OF DEED</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
ARE YOU A PARTY TO A LAW SUIT?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DO YOU CURRENTLY HAVE HOMEOWNERS INSURANCE?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			IS YOUR SEPTIC SYSTEM FAILING OR HAS IT FAILED?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

<b>IMPORTANT - APPLICANT(S) READ BEFORE SIGNING</b>			
I (WE) UNDERSTAND THAT KNOWINGLY MAKING ANY FALSE STATEMENT CONCERNING THIS LOAN APPLICATION WILL RESULT IN A REJECTION OF THE LOAN.			
_____ BORROWER'S SIGNATURE	_____ DATE	_____ CO-BORROWER'S SIGNATURE	_____ DATE